

# Schedule A - Renewal Agreement and Policy Statement

## School Year 2018-2019

*Provide current information for the 2018-2019 School Year*

*Mark through incorrect information with a single line. Provide corrections.*

District LEA: \_\_\_\_\_ District: \_\_\_\_\_  
 Superintendent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Child Nutrition Director: \_\_\_\_\_  
 SSN ( Last 4): \_\_\_\_\_ ADE Certified: Yes No  
 Mailing Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Emergency Contact Phone Number: \_\_\_\_\_

### SY 2018-2019 District Totals

SafetyNet: Yes No

# of Schools: \_\_\_\_\_ Regular: \_\_\_\_\_ # of Serving Sites: \_\_\_\_\_ # of Schools w/ Breakfast: \_\_\_\_\_ # of Schools w/ Lunch: \_\_\_\_\_ # of Schools w/Afterschool Snack: \_\_\_\_\_  
 Regular Summer: \_\_\_\_\_ # of Serving Sites: \_\_\_\_\_ # of Schools w/ Breakfast: \_\_\_\_\_ # of Schools w/ Lunch: \_\_\_\_\_ # of Schools w/Afterschool Snack: \_\_\_\_\_  
 Seamless Summer: \_\_\_\_\_ # of Serving Sites: \_\_\_\_\_ # of Schools w/ Breakfast: \_\_\_\_\_ # of Schools w/ Lunch: \_\_\_\_\_ # of Schools w/Afterschool Snack: \_\_\_\_\_

School LEA: \_\_\_\_\_ School: \_\_\_\_\_ Grade Span: \_\_\_\_\_

### Select Your Menu Plan

Principal: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 School Phone: \_\_\_\_\_

Programs	Regular	Regular Summer	Seamless Summer	Prices		
				Paid	Reduced	Adult
Breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Severe Need:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Lunch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Afterschool Snack:				_____	_____	_____
Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Non-Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Breakfast Menu Planning		
PK	K-05	K- 08
K-12	06-08	09-12
Lunch Menu Planning		
PK	K-05	06-08
	K-08	09-12

### Please Select Yes or No

Serving Site: Yes No CEP: Yes No  
 Year Round School: Yes No Provision 2: Yes No

Manager: \_\_\_\_\_

SSN (Last 4): \_\_\_\_\_ ADE Certified: Yes No

Manager Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

☐ Alternative Breakfast

Type of Breakfast: \_\_\_\_\_

A= Grab/Go Cafeteria  
 B= Grab/Go Not Cafeteria  
 C= In Classroom  
 D= 2nd Breakfast Period  
 E= Other, Attach

*If changes occur to the above information at any time during the school year, Please revise this form and submit it to the Child Nutrition Unit or send a letter with changes to The Child Nutrition Unit.*

### For District Child Nutrition Staff Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

District Child Nutrition Director Signature

MM/DD/YY

### For ADE Child Nutrition Staff Only

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Entered into Child Nutrition Database: \_\_\_\_\_ Entered into On-line Claims System: \_\_\_\_\_  
 Area Specialist Initials MM/DD/YY Database Entry Initials and Date Claims Entry Initials and Date